WORLD CHRONICLE

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PROGRAMME: **"WORLD CHRONICLE"**

GUEST: Dr. Claude de Ville, Chief
Emergency Preparedness and Disaster
Relief Co-ordination Programme
World Health Organization

JOURNALIST: Roy Murphy, Television New Zealand
Maria Garcia, Caribbean Network System
Tuyet Nguyen, UPI

MODERATOR: Michael Littlejohns

SYNOPSIS

DEALING WITH EMERGENCY PREPAREDNESS

Dr. Claude de Ville, Chief of the Emergency Preparedness and Relief Co-ordination Programme of the World Health Organization, discusses the need for education to deal with disasters, especially health services in third world countries. He suggests that relief donations shouldn't exceed the affected country's capacity to absorb them effectively. Dr.de Ville stress the need for long-term rehabilitation programmes after a disaster strikes.

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VOICE From United Nations Headquarters in New York, this is **WORLD CHRONICLE**, an unedited interview programme about major global issues. Here now to introduce our guest is the host of today's **WORLD CHRONICLE**.

LITTLEJOHNS: I'm Michael Littlejohns and this is **WORLD CHRONICLE**.

In recent decades, the world has seen significant advances in health and social and economic development. But in many places this has been interrupted and set back by natural and man-made disasters. Unfortunately, the countries where disasters are most prevalent are often those which have the least resources to deal with them. Therefore, disaster reduction has become an international collective responsibility.

Our guest today, Dr. Claude de Ville, a national of Belgium, is Chief of the Emergency Preparedness and Disaster Relief Co-ordination Programme at the World Health Organization's Regional Office for the Americas in Washington, D.C. Dr. de Ville will be interviewed here at the United Nations Headquarters in New York by: Roy Murphy of Television New Zealand; Maria Garcia of the Caribbean Network System; and Tuyet Nguyen of United Press International.

For a look at how communities might deal with disasters, here's a report from our correspondent, Steve Whitehouse.

WHITEHOUSE: A camera captures a moment of terror -- an actual earthquake as it strikes an office building in Japan. Volcanos ..... floods ..... droughts ..... chemical accidents ..... and nuclear hazards. Just some of the natural and human disasters which can devastate communities, particularly the poorest.

But is responding to the disaster -- such as the desperate efforts following the Mexico City earthquake -- the only thing we can do? Development and relief agencies such as the World Health Organization, believe there's a lot more that can be done -- even before the disaster strikes. That's why the United Nations has declared the 1990's as the International Decade for Natural Disaster Reduction.

In Japan, regular civil defence exercises teach what to do in an earthquake. It's the first lesson being advocated by WHO -- involve the community; training is vital.

The Bhopal chemical plant in India provides another key lesson -- identify industrial hazards and get private industry and local authorities to take part.

On the coast of India, villagers see a travelling movie show about cyclones and flooding. It's vital to make disaster preparedness part of the community's development. And, of especial relevance to WHO, this community development should ensure that health facilities must be constructed to withstand anticipated disasters.

On the shores of the Indian Ocean, a village chief performs an ancient ritual -- calling on the God of the Seas to protect the community of fishermen from the wrath of the oceans. The message of WHO for the Disaster Prevention Decade is that human beings too must mobilize their communities to prepare for the chaotic forces of nature and man ....

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LITTLEJOHNS: Dr. de Ville, I guess that governments must accept the main responsibility for disaster preparedness but is there something that the individual can do in the way of preparing for earthquakes or the effects of earthquakes and cyclones and various other disasters that we've just seen depicted in the film?

DE VILLE: Yes, indeed. The public should do a lot to help themselves. First, I think there should be a very broad learning of first aid to be able to treat yourself and treat your neighbours. Second, you have to know your vulnerability. It means learn and educate yourself on the vulnerability you have -- whether you are in a flood area, in an earthquake area, you have chemical hazards nearby -- and then you can pressure the authorities to take measures and lead you.

LITTLEJOHNS: Do you recommend that people should build shelters of some kind? Something of that sort?

DE VILLE: No, definitely not. I don't think that people have the resources to build individual shelters.

LITTLEJOHNS: In the developing countries of course, you're speaking?

DE VILLE: In developing countries or developed countries. But you have to make you sure your housing is built to the prevalent standard to resist.

LITTLEJOHNS: What about medicines? You mentioned first aid, should people have some basic medicines on hand?

DE VILLE: Especially if you need medicines yourself you have to get a stock on hand just to make sure to live a couple of weeks with it.

LITTLEJOHNS: The problem in developing countries I suppose is mainly lack of funds and resources, is there something that WHO is doing for individuals, apart from helping governments?

DE VILLE: WHO is encouraging the health services to care better for the people. It's very difficult for a UN agency to deal with individuals in all the developing countries.

MURPHY: I'm reading reports that WHO experts have brought back from disaster fields -- experts including yourself. I was struck by the prevalence of the opinion that much of the immediate international aid is in fact not only inappropriate but that it floods and interferes with the rescue process itself. Can you tell us why that's so?

DE VILLE: I believe a great part of the international assistance is well adapted but not to the needs of the victims but to the needs of public opinion in the donor countries. There are a lot of myths and prejudices on what is needed and an urge for people to do something, sometimes to be seen doing something for fund-raising or political reasons and it's why the assistance that will come is inappropriate and sometimes in spite of advice to the contrary from WHO.

MURPHY: Can you give us an example of the kind of inappropriate action that has been sent on occasion?

DE VILLE: Let's give the example of the Mexican earthquake. Mexico City with 23,000 doctors, all volunteers and willing to do something and flooded with medical teams not speaking the language, with no equipment and not being able to be useful.

MURPHY: Where do these teams come from that they can turn up at a disaster?

DE VILLE: They come from all developed countries.

LITTLEJOHNS: From the United States?

DE VILLE: From the U.S., Canada, Japan, Europe, my country included. It's also a bit the responsibility of the mass media.

MURPHY: Of the mass media?

DE VILLE: Yes. Showing statements out of context that people are in need of assistance but the statement was true yesterday; your response as an individual will be effective in three or four days when the problem is over.

LITTLEJOHNS: I don't quite understand the reference to the mass media, Dr. de Ville. What were you suggesting there? Is the mass media at fault?

DE VILLE: Not really at fault. It has a responsibility like every one of us of showing what is apparently a local deficiency and not realizing that the problem is not in sending people from outside but involves mobilizing or facilitating the transportation of people locally. Let's say a statement like "medical supplies are lacking in a hospital" but the problem is not in donating medical supplies the problem is in clearing the bottleneck in the airport where supplies are accumulating and exceeding the capacity of absorption and logistics of the country.

MURPHY: So you're saying there's actually essential areas of organization that should be worked through rather than people just donating what they they themselves think to be appropriate?

DE VILLE: I think the donations should respond to requests and to needs and needs which are going to outlive a couple of days. The international community is not equipped to respond in most cases to needs which are very short in duration. Let's say blood may be useful in some cases but blood will never arrive in time from outside the affected area.

GARCIA: Dr. Claude de Ville, when an earthquake in Colombia or a flood in India causes hundreds of deaths and leaves thousands homeless society accepts these losses as an unfortunate accident of fate, do you think that attitude can be changed and how?

DE VILLE: I think there is already a change in Latin America and other countries. Disasters are not acts of God but human beings have a role to play in preventing and reducing the impact and this is a process of education. WHO and other UN agencies are promoting inclusions of disaster concepts into the curriculum of the schools. But if children are taught to react to disasters as something preventable or at least reducible it will be more positive in the future.

GARCIA: So how do you plan to stimulate this global sense of responsibility around the world?

DE VILLE: We have a couple of other projects, including in Costa Rica and other countries, where a curriculum is designed for the school children and the Ministry of Education is picking up and promoting this on a wide-scale basis. The other way is the World Health Day or the Decade celebrations which are education processes at large.

GARCIA: I just have a follow-up question. Since you mentioned the Decade of Disaster Reduction called by the United Nations last year do you predict any improvement in reducing disasters and catastrophes around the world, especially where catastrophes occur -- which is mainly the developing countries?

DE VILLE: I think it has already made some changes by putting natural disaster reduction on the political agenda of the countries. When I started with WHO 14 years ago disaster preparedness was a joke for the system. Now it's taken very seriously by the health ministries and the Decade will do the same at the political level in most of the countries. But the real action is not at the global level, it will be at the national level.

NGUYEN: Dr. de Ville, when you prepare the population to deal with disaster, what kind of disasters do you want them to really pay more attention to and what kind of preparedness do you want them to deal with?

DE VILLE: It depends of course on the country itself. You can't prepare Africa for earthquakes when there is almost none so every region, every country, has to get not a real map but an analysis of its risk. And you prepare the population for the risks which are more prevalent like famine or drought in Africa, cyclones in Bangladesh, earthquakes in the Andean region of South America or volcanic eruptions or chemical accidents.

NGUYEN: Chemical accidents, yes. In certain areas I think they have set up some kind of civil defence to deal with the disasters, do they still exist? A large part of it to deal with the kind of disasters that would strike them any minute in their lives.

DE VILLE: There are still civil defence or protection civile in most of the countries of the world but it's mainly geared to rapid response on a multi-sectorial basis. It is not yet an educational process and it is not yet geared to prevention. And in some places it's a bit too military to really feature the population.

NGUYEN: What is WHO's role compared with UNDRO for example?

DE VILLE: UNDRO is the overall umbrella for all sectors. WHO let's say is a technical arm for the health sector on all health matters -- water, nutrition, medical -- for UNDRO. So we assume the responsibility for the health and the technical part of UNDRO's role -- assessment of needs, identification of priorities and advice on the best measures.

LITTLEJOHNS: UNDRO is the UN Disaster Relief Organization or Office.

The programme is **WORLD CHRONICLE**. Our guest is Dr. Claude de Ville, Chief of the Emergency Preparedness and Disaster Relief Co-ordination Programme for the World Health Organization.

MURPHY: I'd like to explore this appropriateness of international aid a little further. I read in one report that after the Iranian earthquake recently that within a few days there was something like five times as many helpers as there were victims. Can you tell us why too many helpers is a problem and what can be done to control that kind of situation?

DE VILLE: The problem is complex. First, it may start with a country overestimating its needs or let's say its ambassadors asking the world community at large to send anything you can. And quite often it's what they receive -- anything. Second, it's the problem of an appeal. Even if it's reasonable in time today, the response which may take two, or three or four days or a week or more will be obsolete when it comes. Third, there is no real mechanism yet to be very specific on the request so a country makes an appeal, this appeal goes to 140 countries through the UNDRO sitrep and it's very difficult to know who is going to respond to what. So quite often if you talk about supplies the first item on the list will receive the most attention. Or if you ask for antibiotics and equipment for latrines you can guess which one will be picked by the donors so there is no mechanism. There is exchange of information but things are going so fast that everyone picks what is better serving its purpose.

MURPHY: What about efforts for instance of Bob Geldorf with his world wide Band-Aid series of concerts and so forth? Does that really help the situation? Is that a good way to go to help disaster areas?

DE VILLE: I'm not too familiar with this example.

MURPHY: He's the musician who had lots of pop stars give great concerts and donate a lot of money towards Ethiopia.

DE VILLE: I think you have the key word which is money if you have to distinguish also differentiate between longer, creeping disasters where you can plan your response like Ethiopia. In an earthquake the emergency phase is over in 8-10 days so when you have a famine you can adjust the system but money is a key issues. If money is collected and they left some room to the relief agencies it's a most appropriate assistance.

GARCIA: Several poor countries are affected by ill-health and poor economic conditions, what steps have been taken or planned to meet the situation of these poor countries?

DE VILLE: Those poor countries are those which will suffer most from a disaster. A rich country will suffer economically, a poor country will suffer with loss of life so it is more important for WHO to be teaching, training and assisting other governments in preparing the health personnel, the health workers, at the grassroot level to respond to this.

NGUYEN: What is the best advice you would give to citizens or individuals whenever a disaster strikes?

DE VILLE: The victims in the countries affected or ...

NGUYEN: In the country affected or in the area affected?

DE VILLE: I think it's to try to listen to the guidance of the government and other authorities.

NGUYEN: Should they rush to the area, help, send food or do anything?

DE VILLE: In that case you mean citizens outside the affected area ?

NGUYEN: Yes.

DE VILLE: They should not rush. They should wait for an assessment which may take one or two days or three days and send money to a reputable agency, be it governmental or non-governmental, and not earmark the money for emergency relief

but for emergency and rehabilitation. The problem is there is too much help for the first week in large disasters and the people are left alone for rehabilitation and reconstruction. There is no more money for rebuilding.

MURPHY: I found an estimate of the disasters that have occurred throughout history and there are many of them of course as we had about 20 major disasters, but I see that the major ones actually involved medical situations. For instance there was the Black Death, the plague in the 1300s which killed 75 million people, and there was the influenza epidemic just after the First World War which killed 21 million people and none of the others come really close to it. Are we looking at a similar disaster in the making here with the spread of AIDS around the world?

DE VILLE: It's a large-scale emergency. Whether you can call it a disaster, whether it is exceeding the capacity of response it remains to be seen but it is a major cause of death and emergency.

MURPHY: How do you classify some medical emergency like that as a disaster as opposed to just whatever else you can call it?

DE VILLE: A disaster by definition is when the magnitude is exceeding the capacity of the community to respond. So when there is external assistance needed or takeover needed it is technically called a disaster.

MURPHY: Well that would seem to be the case with AIDS in Africa, wouldn't it? It seems to be beyond the .....

DE VILLE: It could be the case for development in Africa too.

GARCIA: With the advancing technology man-made disasters are also increasing, what preparations are WHO making to meet such a challenge?

DE VILLE: If you're referring first to the chemical disaster which indeed the potential is increasing with development or inactive development in some cases, there is a joint WHO/UN/UNDP programme on chemical safety which has a preventive component to try to reduce risk of other substances but which we are trying to include progressively. Also a component of response preparedness because health authorities and the general population are not really familiar with what to do in case of chemical accidents.

DE VILLE: Dr. de Ville, did WHO respond to the emergency in Bhopal in India when that chemical plant blew up?

DE VILLE: Yes it did with experts as requested by the Indian Government, not with medical teams of course because India has a lot of medical personnel.

LITTLEJOHNS: But you gave them technical assistance?

DE VILLE: Yes, there was technical assistance, expertise to assess the problem and draw up the best plan of response.

LITTLEJOHNS: Was this one of the factors that prompted WHO to develop this special preparedness unit that you mentioned?

DE VILLE: No, it was developed before and it has proven its needs in Bhopal.

LITTLEJOHNS: So that was its first test, was it?

DE VILLE: The programme was mainly prevention of accidents, training to reduce risk which cannot be avoided completely.

NGUYEN: There were some criticisms that the international Decade for Natural Disaster Reduction concentrates too much on the technical aspect and not on the human aspects, did you agree with those critics?

DE VILLE: I have to agree with this in principle. It was mainly based on an initiative of research institutions. Our problem is not perhaps to increase the knowledge available but to disseminate the existing knowledge. It's to use what we already know which is the main challenge for the Decade I believe.

MURPHY: I was wondering about some of the initial responses to a disaster. There are three great fears it seems to me which is either looting or famine or pestilence, some disease breaking free. Are these still the major concerns when a disaster strikes these days?

DE VILLE: If you refer to sudden impact disasters like volcanic eruptions, earthquakes, no it is well overdone. There is in fact really a tide of good solidarity and good examples of people helping each other. There are always some profiteers of course and also communicable disease outbreaks or epidemics are very rare after major natural disasters.

LITTLEJOHNS: Very rare? Is that so?

DE VILLE: Yes. One of the reasons is that people are so scared they take better measures after than before, especially in earthquakes people are boiling their water. People are scared and when you're scared you're careful.

GARCIA: Dr. Claude de Ville, using the latest technology it is possible to forecast the climatic and weather patterns which are of great use in taking steps to mitigate the effect of major disasters but such technologies are very expensive for poor countries, how do you think they can afford to take advantage of that technology?

DE VILLE: This is one of the benefits of the Decade to stimulate bilateral donors to put more offices and more funds on this kind of systems but the response is not only technological, it's also the way the message is disseminated because we have enough examples where a hurricane was forecasted but the population did not receive the message in an appropriate manner or didn't act on the message. So you have to develop the technology but you have the develop a dissemination mechanism which is not that easy to do.

NGUYEN: Is there an international centre to co-ordinate all these efforts whenever a disaster strikes?

DE VILLE: There is normally a United Nations Disaster Relief Office to co-ordinate the response of the UN system and help to co-ordinate the response of the international community, but it's a thankless task.

LITTLEJOHNS: It's a what?

DE VILLE: It's a very difficult task.

LITTLEJOHNS: They work in co-operation with the International Committee of the Red Cross and various other relief bodies?

DE VILLE: Yes, quite closely but the Red Cross has two components. One is the League of Red Cross which is a kind of UN for the Societies, which is responding to natural disasters and the International Committee which is responding exclusively in cases of internal conflict.

LITTLEJOHNS: You've spoken several times, Dr. de Ville about the Decade. You're referring to the International Decade for Natural Disaster Reduction I believe is the term, how did this idea develop of having a special decade devoted to promoting this question.

DE VILLE: I think it was from an initiative from the National Science Foundation in the U.S. which promoted this very aggressively and the disasters which occurred in the decade of the 80s have made it clear that the need was indeed there.

LITTLEJOHNS: This was prompted mainly because of the earthquakes in Mexico and elsewhere?

DE VILLE: Mostly seismological and climatological. The initiative was basically with earthquakes and hurricanes and cyclones but it has been extended to all natural disasters.

LITTLEJOHNS: You've spoken about chemical accidents, Dr. de Ville, what about the disaster at Chernobyl? Was WHO involved in helping there?

DE VILLE: Yes, WHO was quite actively involved in helping but also helping the European countries to monitor the spread of radiation and drawing guidelines and disseminating information.

LITTLEJOHNS: And are you advising nuclear plants elsewhere how they can protect themselves?

DE VILLE: No, there is another agency of the UN, the International Atomic Energy Agency that's doing this.

LITTLEJOHNS: It's not WHO that's involved?

DE VILLE: No, WHO is only the medical aspect of it.

LITTLEJOHNS: Dr. de Ville, that's all the time we have. Thank you for joining us on this edition of **WORLD CHRONICLE.**

Our guest has been Dr. Claude de Ville, Chief of the Emergency Preparedness and Disaster Relief Co-ordination Programme of the World Health Organization's Regional Office for the Americas in Washington, D.C. He was interviewed here at United Nations Headquarters in New York by: Roy Murphy of Television New Zealand; Maria Garcia of the Caribbean Network System; and Tuyet Nguyen of United Press International.

I'm Michael Littlejohns. Thank you for joining us. We invite you to be with us for the next edition of **WORLD CHRONICLE.**

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Transcripts of the programme may be obtained free of charge by sending a stamped, self-addressed envelope to: **WORLD CHRONICLE**, United Nations, Room S-827, New York, New York 10017, USA.

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DISASTER PREPAREDNESS READING LIST

For further information about the health aspects of disaster preparedness, please see these WHO publications:

- "Be prepared," World Health magazine [ISSN 0043-8502], January-February 1991, 31 pages. A special issue for World Health Day, 7 April 1991, devoted to the medical aspects of disaster preparedness;

- Should disaster strike: health in the International Decade for Natural Disaster Reduction, Geneva: WHO, 1991, 24 pages. A colourful brochure describing and illustrating the place of public health in the International Decade;

- International health relief assistance: a guide for effective aid, Washington: PAHO, [1990], 14 pages. A practical list of what individuals and community groups can -- and should not -- do in response to disasters;

- When disaster strikes in the Caribbean: a guide to providing effective aid, prepared for the Caribbean community living abroad, Washington: PAHO, [1990], 14 pages. A version of the above list for emigre groups living outside the disaster area;

- The new emergency health kit, Geneva: WHO, 42 pages [WHO/DAP/90.1]. Includes lists of pharmaceuticals and medical supplies for a population of 10,000 persons for approximately 3 months;

- Coping with natural disasters: the role of local health personnel and the community, Geneva: WHO, 1989, 97 pages [ISBN 92 4 154238 1, USD 16.20]. A guide to help communities and local health personnel cope with natural disasters such as earthquakes, cyclones and floods;

- Emergency health management after natural disaster, Washington: PAHO, 1981, 67 pages [ISBN 92 75 11407 2, PAHO Scientific Publication No. 407]. Intended for decision makers and senior administrators in disaster-prone developing countries who are responsible for providing health services after sudden natural disasters; and

- Effects of nuclear war on health and health services, 2nd edition, Geneva: WHO, 1987, 179 pages [ISBN 92 4 156109 2, USD 24.30]. A thorough, scientific study which concludes that "no health service anywhere in the world would be able to deal significantly with the appalling health consequences of nuclear war, especially since the health services themselves would be largely destroyed or incapacitated."

For WHO and PAHO publications, inquire with WHO Publications Center USA, 49 Sheridan Avenue, Albany, NY 12210 USA.

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